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## **Improving Hospital Discharge Databases**

The Agency for Healthcare Research and Quality has published a new report, *The Value of Hospital Discharge Databases*, which focuses on the use and improvement of hospital discharge data and databases.



The report documents the ways in which hospital discharge databases are used and identifies ways to improve them. The study concludes that hospital discharge databases vary in their content and capacity for research, and support a diverse set of constituents who use the data for a wide variety of applications and analyses. The report catalogs and analyzes the primary applications of hospital discharge data and outlines recommendations for developing databases in response to the unique needs of those who use the information. The report draws two central conclusions: (a) there is a need for more comprehensive and linkable hospital discharge databases, and (b) state-wide data organizations need greater support as they develop their abilities in advanced analysis and reporting.

The *Value of Hospital Discharge Databases* is available online at [www.hcup-us.ahrq.gov/reports.jsp](http://www.hcup-us.ahrq.gov/reports.jsp)

## **Communication Problems May Underlie a Substantial Number of Hospital Adverse Events**

A study supported in part by the Agency for Healthcare Research and Quality (HS11563) highlights the importance of good communication in preventing adverse events (AEs). Investigators from the Vanderbilt University School of Medicine analyzed risk management files from one urban hospital's department of obstetrics and gynecology to identify factors that may have contributed to or caused unanticipated AEs. They categorized 90 AE cases into three department service areas: gynecologic surgery, inpatient obstetrics, and outpatient clinic. AEs ranged from operative injury and postoperative complications to missed diagnosis, inadequate treatment or monitoring, and inappropriate medication.

Communication failures (disrupted flow of critical information from caregiver to caregiver or between patient and caregiver) were associated with 31% (28 cases) of AEs. In 19 of these cases, communication failures appeared to contribute directly to the AE. Also, communication failures may have worsened 7 of the 28 cases involving surgery or treatment errors and 5 of the 16 cases involving diagnostic errors. Clinical performance issues contributed to 31% of adverse events; diagnostic issues, 18%; and patient behavior (for example, substance abuse or treatment noncompliance), 14%. Although these findings are not generalizable to other hospitals, the researchers suggest that review of risk management files may help uncover system problems that are unique to other hospitals.

More details are in White et al. (2005). Cause and effect analysis of closed claims in obstetrics and gynecology. *Obstetrics & Gynecology*, 105(5), 1031-1038.

